

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043127

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 554

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10168

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 13 1963

1. PLACE OF DEATH a. COUNTY CAPE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) CAPE GIRARDEAU		c. CITY OR TOWN Chaffee	
Length of stay in 1b 2 wks.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) SOUTHEAST Missouri Hospital		d. STREET ADDRESS (If curbside, give location) 218 DAVIDSON AVE.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Vera		4. DATE OF DEATH Month December Day 3 Year 1963	
First Vera Middle LENA Last FRENCH			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN. 18, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (last birthday) 78
		11. BIRTHPLACE (City and state or country) Phillipstown, Ill.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Ellison Endicott		13b. MOTHER'S MAIDEN NAME Lucy Peaker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		14. NAME OF HUSBAND OR WIFE Fred (NMN) French	
		16. SOCIAL SECURITY NO. -	
		17. INFORMANT Fred French - CHAFFEE, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (1) Pneumonia - Left Lobar x Intensive failure (2) Acute Left Ventricular		INTERVAL BETWEEN ONSET AND DEATH -	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour - a.m. - p.m. -	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	20f. CITY, TOWN, OR LOCATION CAPE GIRARDEAU COUNTY MISSOURI STATE MO.		
21. I attended the deceased from 11-22-63 to 12-3-63 and last saw her alive on 12-3-63 Death occurred at 4:23 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE William M. Carter M.D. (Print or title)		22b. ADDRESS 117 Broadwing	
22c. DATE SIGNED 12-8-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Dec. 6, 1963	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.	23d. LOCATION (City, town, or county) (State) CAPE GIRARDEAU MISSOURI
24. FUNERAL DIRECTOR Bisplinghoff Funeral Home		25. DATE RECD. BY LOCAL REG. 12-11-63	
ADDRESS CHAFFEE MO.		26. REGISTRAR'S SIGNATURE Irvin Kasten	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.